

# Robib *Telemedicine* Clinic

## Preah Vihear Province

J U L Y 2 0 0 8

Report and photos compiled by Rithy Chau and Peng Sovann, SHCH Telemedicine

On Monday, June 16, 2008, SHCH staff, PA Rithy and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic. [For the sake of availability of staff from SHCH this July clinic was scheduled earlier as well]

The following two days, Tuesday and Wednesday (mornings), June 17 & 18, 2008, the Robib TM Clinic opened to receive the patients for evaluations. There were 11 new cases and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, June 18 & 19, 2008.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, SHCH and PA Rithy on site, Nurses Sovann managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Peng Sovann at SHCH who compiled and sent for website publishing.

The followings detail e-mails and replies to the medical inquiries communicated between Robib TM Clinic and their TM partners in Phnom Penh and Boston:

**From:** Robib Telemed [mailto:robibtelemed@gmail.com]

**Sent:** Friday, June 06, 2008 5:32 PM

**To:** Rithy Chau; Kruiy Lim; Cornelia Haener; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Dan Liu; Seda Seng; Peou Ouk; Sochea Monn; Sam Oeurn Lanh

**Subject:** Schedule for Robib TM Clinic July 2008

Dear all,

I would like to inform you that Robib TM Clinic July 2008 will be starting on June 16, 2008 and came back on June 20, 2008.

This is the agenda for the Clinic:

1. On Monday June 16, 2008, Rithy, driver and me will be starting the trip from Phnom Penh to Rovieng, Preah Vihea.
2. On Tuesday June 17, 2008, the clinic opens to see the patients for the whole morning then the information will be typed up into the computer then send to the partners in Boston and Phnom Penh.
3. On Wednesday June 18, 2008 we do the same as on Tuesday.
4. On Thursday June 19, 2008, we download all the answers replied from both partners then make the treatment plan accordingly and prepare the medication for the patients in the afternoon.

5. On Friday June 20, 2008, draw the blood from the patients for Lab test at SHCH then we came back to Phnom Penh.

Thank you very much for your cooperation and support in this project.

Best regards,  
Sovann

**From:** Robib Telemed [mailto:robibtelemed@gmail.com]

**Sent:** Tuesday, June 17, 2008 8:33 PM

**To:** Rithy Chau; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Paul J. M.D. Heinzelmann; Cornelia Haener

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2008, Case#1, Ros Chhea, 61M (Bakdoang Village)

Dear all,

For the first day of Robib TM Clinic July 2008, there are five new cases. This is case number 1, Ros Chhea, 61M and photos.

Best regards,  
Sovann

# Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village:** Ros Chhea, 61M (Bakdoang Village)

**Chief Complaint (CC):** Mass on the tongue x 1y

**History of Present Illness (HPI):** 61M came to us complaining of a mass on the tongue for 1y. He noticed pain sensation on the tongue especially when having meal, and a mass on the tongue, left submental and cervical lymph node,

he went to provincial hospital, admitted and treated with some medicine (oral and injection) for 4d and advised him to seek treatment at Phnom Penh but he didn't go. A few months later he noticed a mass progressively developed bigger, he went to Siem Reap hospital and got treatment with medicine for a week. He can eat only liquid food as porridge but not solid food due to pain and difficult to swallow.



**Past Medical History (PMH):** Unremarkable

**Family History:** Unremarkable

**Social History:** heavy alcohol drinking, heavy cigarette smoking for over 20y, stopped for 2y

**Current Medications:** Pain killer prn

**Allergies:** NKDA

**Review of Systems (ROS):** Weight loss ?kg

**PE:**

**Vitals:** BP: 120/60 P: 76 R: 20 T: 37.5°C Wt: 39Kg

**General:** Look stable

**HEENT:** Pink conjunctiva, no thyroid enlargement, a mass about 4x6cm on the tongue, erythema, no pustule, left submental and left cervical lymph node; normal ear canal, ear drum

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur



**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

**Extremity/Skin:** No edema, no rash, no lesion

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:** None

**Assessment:**

1. Tongue tumor

**Plan:**

1. Naproxen 375mg 1t po bid prn sever pain for one month
2. Paracetamol 500mg 2t po qid prn pain for one month
3. Should we refer him to SHCH surgeon for surgical consultation

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 17, 2008**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Robib Telemed [mailto:[robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)]

**Sent:** Tuesday, June 17, 2008 8:37 PM

**To:** Rithy Chau; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Paul J. M.D. Heinzelmann

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2008, Case#2, Chan Lum, 35F (Anlung Svay Village)

Dear all,

This is case number 2, Chan Lum, 35F and photos.

Best regards,  
Sovann

# Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village:** Chan Lum, 35F (Anlung Svay Village)

**Chief Complaint (CC):** Skin rash x 17y

**History of Present Illness (HPI):** 35F presented with symptoms of rash on right lower eyelid, no vesicle, no pustule, no pruritus, she got treatment with oral medicine for 5d but the rash still presented and she didn't seek medical

care at other hospital. These 3 years, the rash developed to most of the face and both forearms, she bought unknown name cream apply on the rash but it didn't help.

**Past Medical History (PMH):** Unremarkable

**Family History:** Unremarkable

**Social History:** No alcohol drinking, no smoking, 4 children, traditional medicine during delivery

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Epigastric pain, burping with sour taste x 1y, but she didn't get treatment, no stool with blood or mucus, no fever, no cough, regular period, normal menstruation, no history of bleeding

**PE:**

**Vitals:** BP: 100/50 P: 74 R: 20 T: 37°C Wt: 40Kg

**General:** Look sick

**HEENT:** No oropharyngeal lesion, pale gum, pale conjunctiva, no thyroid enlargement, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar



**Extremity/Skin:** No edema; rash on the face, and forearms, hyperpigmented rash no vesicle, no pustule, no pruritus, absence in the covered skin; index and middle finger nail pitting, toe nail pitting

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Rectal Exam:** Good sphincter tone, no mass palpable, (-) colocheck

**Lab/study:**

Today on June 17, 2008

FBS: 105mg/dl; U/A: protein trace, leukocyte 1+; Hb: 8g/dl

**Assessment:**

1. Keratoses
2. Onychomycosis
3. Anemia
4. Dyspepsia
5. Parasititis
6. UTI

**Plan:**

1. Protect from sunlight
2. Fluconazole 150mg 1t po qd for one month
3. FeSO/Vit C 500/105mg 1t po qd for one month
4. Famotidine 10mg 2t po qhs for one month
5. Mebendazole 100mg 5t po qhs once
6. Ciprofloxacin 500mg 1t po bid for 3d
7. Draw blood for CBC, Lyte, BUN, Creat, gluc, Peripheral smear, Reticulocyte count, LFT at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 17, 2008**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Kvedar, Joseph Charles, M.D.

**Sent:** Wednesday, June 18, 2008 3:30 PM

**To:** Fiamma, Kathleen M.

**Subject:** Re: Robib TM Clinic July 2008, Case#2, Chan Lum, 35F (Anlung Svay Village)

This is a very peculiar eruption. The longstanding, indolent nature makes me wonder about flat warts as a possibility. I do not think the nail findings represent onychomycosis and do not think it makes sense to treat her with antifungal medication. Also, I do not think the ciprofloxacin will be particularly helpful here. The challenge with flat warts is treatment. The best solution is imiquimod cream if you have it available. It is applied tiweek for ~12 weeks. Failing that, sometimes tretinoin cream can be useful for flat warts as well. Whatever treatment you try, I'd suggest doing a test area (one arm for instance) and having her follow up in 2 months.

--  
Joseph C. Kvedar, MD  
Director, Center for Connected Health  
Partners HealthCare System, Inc.  
Associate Professor of Dermatology  
Harvard Medical School

25 New Chardon Street  
Suite 400 D  
Boston, MA 02114

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**From:** Robib Telemed [mailto:robibtelemed@gmail.com]  
**Sent:** Tuesday, June 17, 2008 8:40 PM  
**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruiy Lim  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic July 2008, Case#3, Ky Chheng Lean, 34F (Rovien Cheung Village)

Dear all,

This is case number 3, Ky Chheng Lean, 34F and photo.

Best regards,  
Sovann

**Robib Telemedicine Clinic**  
Sihanouk Hospital Center of HOPE and Partners Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village:** Ky Chheng Lean, 34F (Rovieng Cheung Village)

**Chief Complaint (CC):** Fatigue, polydypsia, polyuria x 7y

**History of Present Illness (HPI):** 34F presented with the symptoms of fatigue, polydypsia, polyuria, diaphoresis, and she went to private clinic and had blood sugar test, it was over 300mg/dl and told she had hyperglycemia. She was advised to eat low sugar diet but she hasn't got treatment for that. A few months later she got blood sugar test for a few times and all the result was over 200mg/dl. In this

year she bought traditional medicine for hyperglycemia and took it every day. She denied of fever, cough, chest pain, palpitation, stool with blood or mucus, dysuria, hematuria, edema.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** No alcohol drinking, no smoking, 2 children

**Current Medications:** Traditional medicine for hyperglycemia

**Allergies:** NKDA

**Review of Systems (ROS):** sneezing, itchy in nose and difficult to breath when she touch with the smoke or dust

**PE:**

**Vitals:** BP: 100/60 P: 96 R: 20 T: 37°C Wt: 57Kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

**Extremity/Skin:** No edema, no rash, no foot wound

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:**

On May 27, 2008

FBS: 139mg/dl; U/A: blood 2+, Leukocyte 1+

Today on June 17, 2008

FBS: 138mg/dl; U/A: protein trace

**Assessment:**

1. Hyperglycemia?
2. Allergic Rhinitis

**Plan:**

1. Stop traditional medicine and observe for one month with diet and exercise
2. Loratidine 5mg 2t po qd prn for one month
3. Draw blood for CBC, Lyte, BUN, Creat, gluc at SHCH



Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 17, 2008**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Robib Telemed [mailto:robibtelemed@gmail.com]  
**Sent:** Tuesday, June 17, 2008 8:43 PM  
**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Kathy Fiamma; Joseph Kvedar  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic July 2008, Case#4, Srey Thort, 66M (Bos Village)

Dear all,

This is case number 4, Srey Thort, 66M and photo.

Best regards,  
Sovann

**Robib Telemedicine Clinic**  
Sihanouk Hospital Center of HOPE and Partners Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village:** Srey Thort, 66M (Bos Village)

**Chief Complaint (CC):** Joint pain and stiffness x 6y

**History of Present Illness (HPI):** 66M, farmer, came to us complaining of joint pain and stiffness x 6y. He presented with symptoms of toe joints pain, swelling, erythema, and stiffness on both foot, then it radiated to ankles, knees, elbows, wrists and fingers joints. He got treatment by local health care provider with NSAIDs and Steroid injection of knee joint during severe pain and swelling. He usually has had two to three attacks per years. Now his symptoms of joints pain, erythema, swelling, stiffness has become better.

**Past Medical History (PMH):** PTB with complete treatment in 2004

**Family History:** Unremarkable

**Social History:** Drinking alcohol casually, smoking 10cig/d over 20y

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** No fever, no SOB, normal appetite, normal bowel movement, no hematuria, no dysuria, no edema

**PE:**

**Vitals:** BP: 128/66 P: 60 R: 20 T: 37°C Wt: 45Kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable

**Chest:** Bilateral expiratory wheezing at lower lobes, clear on upper lobes; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM

**Extremity/Skin:** No erythema, no swelling, no stiffness on all joints, no joints abnormality

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:** None

**Assessment:**

1. Osteoarthritis
2. Pneumonia
3. COPD?
4. PTB??

**Plan:**

1. Smoking cessation
2. Clarithromycin 500mg 1t po bid for 10d
3. Naproxen 375mg 1t po bid prn severe pain for one month
4. Paracetamol 500g 1t po qid prn pain for one month
5. Do AFB smear in local health center
6. Send to Kg Thom for CXR
7. Draw blood for CBC, Lyte, BUN, Creat, gluc at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 17, 2008**

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No reply

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**From:** Robib Telemed [mailto:robibtelemed@gmail.com]

**Sent:** Tuesday, June 17, 2008 8:48 PM

**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruey Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2008, Case#5, Thorng Phorn, 36F (Bakdoang Village)

Dear all,

This is the last case for first day of Robib TM Clinic for July 2008, Case number 5, Thorng Phorn, 36F and photos.

Please waiting to see other cases tomorrow and reply to the case before Thursday afternoon. Thank you very much for your cooperation and support in this project.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

Rovieng Commune, Preah Vihear Province, Cambodia

### **History and Physical**



**Name/Age/Sex/Village:** Thorng Phorn, 36F (Bakdoang Village)

**Chief Complaint (CC):** Lower back pain and both legs weakness x 1y

**History of Present Illness (HPI):** 36F, farmer, presented with symptoms of lower back pain x 3d then the pain radiated to both legs with muscle pain, stiffness, weakness, unable to walk for long distance (50m) or sit for long times. She was examined by local health care provider and told she has Typhoid fever and treated her with some medicine (unknown name)

oral and injection. She felt better during the treatment but after treatment all the symptoms presented again. She denied of any trauma.

**Past Medical History (PMH):** In 2005, PTB got treatment with TB medicine for 4months then she stopped because of side effect

**Family History:** Unremarkable

**Social History:** No cig smoking, drinking alcohol with traditional medicine during delivery, 2 children



**Current Medications:** Unknown name medicine for Typhoid fever

**Allergies:** NKDA

**Review of Systems (ROS):** No fever, no cough, no SOB, no nausea, no vomiting, no stool with blood/mucus, normal urination, weight loos ?kg

**PE:**

**Vitals:** BP: 120/60 P: 130 R: 22 T: 37.5°C Wt: 31Kg

**General:** Look sick, skinny

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable, no neck mass

**Chest:** Bilateral lower lobes course crackle, clear on upper; Heart Tachycardia, regular rhythm, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

**Extremity/Skin:** No edema, dry skin, no lesion

**Spine Exam:** Bulging spine from T12 to L3 or L4, other spine normal, no tender on palpation

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Rectal Exam:** Good sphincter tone, no mass palpable, (-) colochek

**Lab/study:** None

**Assessment:**

1. Peripheral neuropathy due to Vit deficiency?
2. Pott's Disease?
3. Pneumonia
4. PTB??

**Plan:**

1. Vit B complex 10ml infusion with NSS qd for 3d

2. MTV 1t po qd for one month
3. Clarithromycin 500mg 1t po bid for 10d
4. Paracetamol 500mg 1t po qid prn pain/fever
5. Do AFB smear in local health center
6. Send to Kg Thom for CXR and Spine x-ray

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 17, 2008**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Paul Heinzelmann [mailto:paul.heinzelmann@gmail.com]  
**Sent:** Thursday, June 19, 2008 8:38 AM  
**To:** robibtelemed@gmail.com; tmed\_rithy@online.com.kh  
**Cc:** Fiamma, Kathleen M.  
**Subject:** Thorng Phorn, 36F (Bakdoang Village)

Sovann,

I agree that she may indeed have Pott's disease & TB as her main problem.

It would be useful to know more about constitutional sings in your history - weight loss, fevers, sweating?.

The pain in her back and legs could be secondary to this....paresthesia would likely present as numbness/tingling and perhaps decreased sensation to light touch or pin prick.

The tachycardia should be evaluated further. Dehydration? Anemia?

Can you do a rapid hemoglobin test there at the Health Center?

Not critical, but urine specific gravity would also tell a bit more about her hydration status.

Blood pressure lying and standing would add some strength to your PE.

Pneumonia would be unusual with no fever or cough - but crackles suggest some pathology.

Vitamin supplementation is low risk and will be helpful if she starts isoniazid.

Nice job.

Thanks

--

Paul Heinzelmann, MD

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**From:** Robib Telemed [mailto:robibtelemed@gmail.com]  
**Sent:** Wednesday, June 18, 2008 8:51 PM  
**To:** Paul J. M.D. Heinzemann; Rithy Chau; Kathy Fiamma; Joseph Kvedar; Kruey Lim  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic July 2008, Case#6, An Rattana, 3F (Rovieng Tbong Village)

Dear all,

Today is the second day for Robib TM Clinic July 2008, there are six new cases. This is case number 6 continued from yesterday, An Rattana, 3F and photos,

Best regards,  
Sovann

**Robib Telemedicine Clinic**  
**Sihanouk Hospital Center of HOPE and Partners Telemedicine**  
Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** An Rattana, 3F (Rovieng Tbong Village)

**Chief Complaint (CC):** Skin rash x 1y

**History of Present Illness (HPI):** 3F brought to us by her mother complaining of skin rash. The lesion started in left food with vesicle, pustule, and pruritus and her mother bought medicine (unknown name) from private pharmacy for her for two months without consultation, but it seems not better. Then the lesion appeared to other places as left leg, body, hands and some lesions on the face and head.

**Past Medical History (PMH):** Dengue fever and admitted to Kuntha Bopha hospital in Siem Reap in 2006

**Family History:** None

**Social History:** Complete national vaccination

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Normal appetite, normal bowel movement, weight loss 4kg/y

**PE:**



**Vitals: BP: 88/46 P: 98 R: 26 T: 37.5°C Wt: 10Kg**

**General:** Look skinny

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM

**Skin:** Crusted rash, erythema, some completed health lesion in foot, rare in face and head, absence in back

**Assessment:**

1. Impetigo

**Plan:**

1. Cephalexin 250mg 1t po tid for 7d

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test



**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 18, 2008**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Kvedar, Joseph Charles, M.D.

**Sent:** Wednesday, June 18, 2008 3:33 PM

**To:** Fiamma, Kathleen M.

**Subject:** Re: Robib TM Clinic July 2008, Case#6, An Rattana, 3F (Rovieng Tbong Village)

This is atopic eczema with a bit of impetiginization. In addition to the therapy you have selected, I'd add triamcinolone 0.1% ointment bid until the lesions resolve. I think she should have a one month follow up

--

Joseph C. Kvedar, MD  
Director, Center for Connected Health  
Partners HealthCare System, Inc.  
Associate Professor of Dermatology  
Harvard Medical School

25 New Chardon Street  
Suite 400 D  
Boston, MA 02114

www.connected-health.org

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**From:** Robib Telemed [mailto:robibtelemed@gmail.com]  
**Sent:** Wednesday, June 18, 2008 8:54 PM  
**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruey Lim  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic July 2008, Case#7, Chea Kimheng, 34F (Taing Treuk Village)

Dear all,

This is case number 7, Chea Kimheng, 34F and photos.

Best regards,  
Sovann

**Robib Telemedicine Clinic**  
**Sihanouk Hospital Center of HOPE and Partners Telemedicine**  
Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical

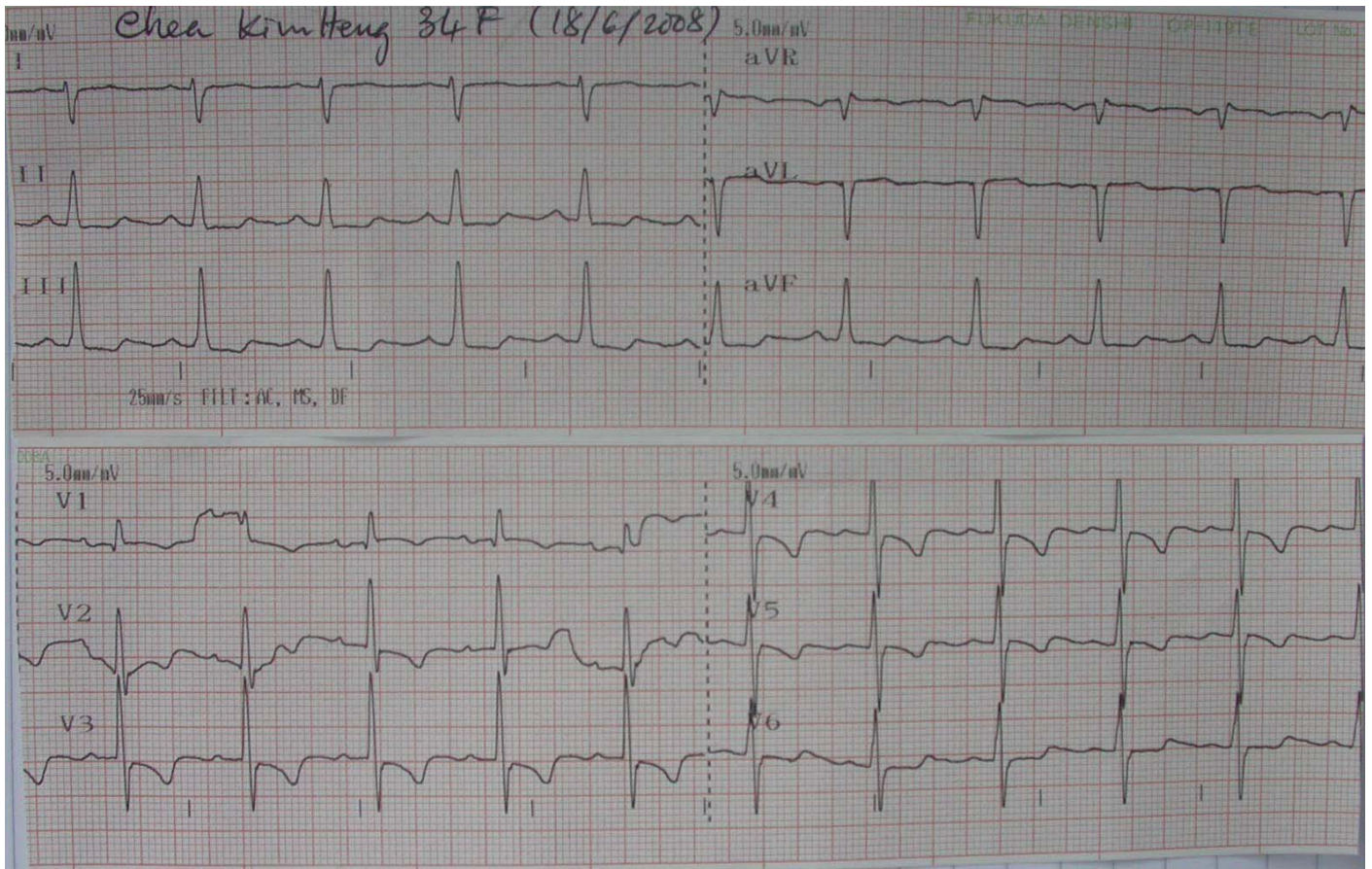


**Name/Age/Sex/Village:** Chea Kimheng, 34F (Taing Treuk Village)

**Chief Complaint (CC):** palpitation and dizziness x 1y

**History of Present Illness (HPI):** 34F presented with the symptoms of palpitation, dizziness, HA, and chest tightness when she had done work for a while. The tightness became better when she has had a rest and massaged on that area. She bought some medicine from local pharmacy but it seems not help her with the symptoms. She didn't seek care at any hospital. She denied of cough, n/v, stool with blood/mucus, hematuria, oliguria, dysuria, edema





**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** No alcohol drinking, no smoking, 3 children

**Current Medications:** Oral contraceptive pill

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstrual period

**PE:**

**Vitals:** BP: 100/60 P: 78 R: 20 T: 37.5°C Wt: 43Kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable, (-) JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, crescendo-decrescendo systolic murmur 3+, loudest at apex

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

**Extremity/Skin:** No edema, no rash, no lesion

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:**

Today on June 18, 2008

EKG shows T wave inversion in Lead V1 – V5

**Assessment:**

1. Ischemic Heart Disease
2. VHD (MR/MI??)

**Plan:**

1. ASA 300mg 1/4t po qd for one month
2. Send to Kg Thom for CXR
3. Do 2D echo of the heart at Phnom Penh
4. Draw blood for CBC, Lyte, BUN, Creat, gluc, Tot chole, TG at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 18, 2008**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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No Reply

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**From:** Robib Telemed [mailto:[robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)]

**Sent:** Wednesday, June 18, 2008 8:57 PM

**To:** Kathy Fiamma; Joseph Kvedar; Kruey Lim; Paul J. M.D. Heinzelmann; Rithy Chau

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2008, Case#8, Kong Sun, 36M (Anlung Svay Village)

Dear all,

This is case number 8, Kong Sun, 36M and photos.

Best regards,  
Sovann

# Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village:** Kong Sun, 36M (Anlung Svay Village)

**Chief Complaint (CC):** Lower legs tension x 1w

**History of Present Illness (HPI):** 36M, farmer, presented with the symptoms of lower leg became tension and heavy when walking and sitting for some times. The leg tension became better when he elevates it for a while and he also noticed of palpitation on/off. He denied of fever, cough, SOB, chest pain, GI problem, hematuria, oliguria, lymph node. He hasn't got any treatment yet just come to us today.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** Drinking alcohol casually, smoking 10cig/d stopped 6y

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 120/48 P: 100 R: 20 T: 37.5°C Wt: 55Kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable, (+) JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, 2+ crescendo systolic murmur, loudest at pulmonic area

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

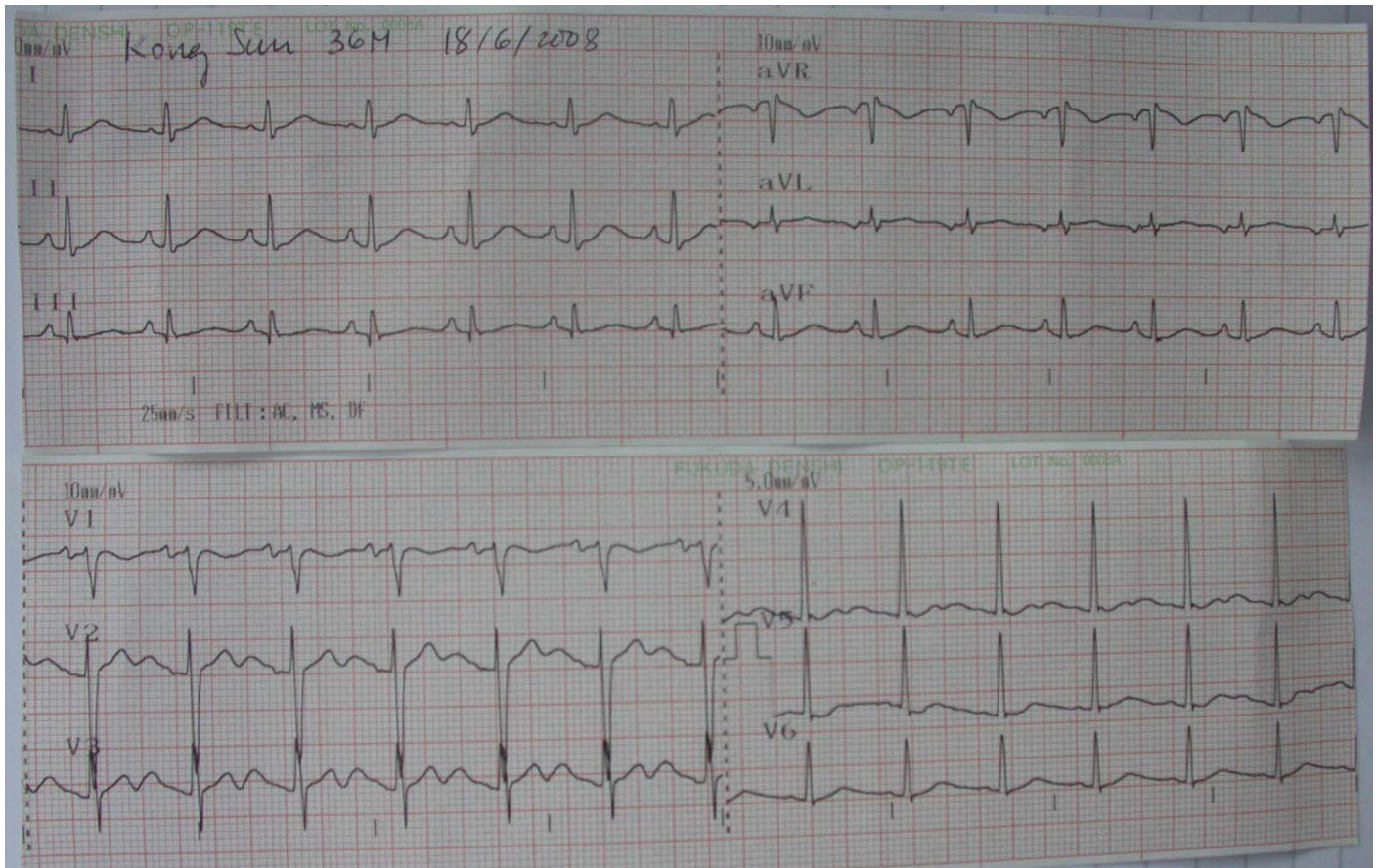
**Extremity/Skin:** No pitting edema, (+) dorsalis pedis

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:**



Today on June 18, 2008  
EKG attached



**Assessment:**

1. VHD (Pulmonary stenosis??)
2. Atrial enlargement?

**Plan:**

1. ASA 300mg 1/4t po qd for one month
2. Massage the legs every day
3. Use compressing sock and elevate the legs
4. Send to Kg Thom for CXR
5. Do 2D echo of the heart and abdominal aorta ultrasound at Phnom Penh
6. Draw blood for CBC, Lyte, BUN, Creat, gluc at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test



**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 18, 2008**

Please send all replies to [robitelemed@gmail.com](mailto:robitelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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No answer replied

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**From:** Robib Telemed [mailto:robibtelemed@gmail.com]  
**Sent:** Wednesday, June 18, 2008 9:00 PM  
**To:** Kathy Fiamma; Joseph Kvedar; Kruy Lim; Paul J. M.D. Heinzelmann; Rithy Chau  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic July 2008, Case#9, Seung Savorn, 48M (Sre Thom Village)

Dear all,

This is case number 9, Seung Savorn, 48M and photo.

Best regards,  
Sovann

**Robib Telemedicine Clinic**  
**Sihanouk Hospital Center of HOPE and Partners Telemedicine**  
Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village:** Seung Savorn, 48M (Sre Thom Village)

**Chief Complaint (CC):** HA, and dizziness x 5 months

**History of Present Illness (HPI):** 48M presented with the symptoms of neck tension, HA, diaphoresis, fatigue, and dizziness, he went to local private clinic and his BP taken (180/?) and told he has hypertension and treated him with Amlodipine 5mg qd, after the treatment he became better. He denied of fever, cough, SOB, chest pain, GI problem, hematuria, dysuria, oliguria, and edema.

**Past Medical History (PMH):** Unremarkable

**Family History:** Unremarkable

**Social History:** Drinking alcohol casually, smoking 20cig/d stopped 10y

**Current Medications:** Amlodipine 5mg 1t po qd

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals: BP: 140/76 P: 76 R: 20 T: 37.5°C Wt: 70Kg**

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM

**Extremity/Skin:** No edema, no rash, no lesion

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:**

Today on June 18, 2008

U/A protein 1+

**Assessment:**

1. HTN

**Plan:**

1. Captopril 25mg 1/2t po bid for one month
2. Do regular exercise, eat low Na diet
3. Draw blood for CBC, Lyte, BUN, Creat, gluc, Tot chole, TG at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 18, 2008**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]

**Sent:** Thursday, June 19, 2008 4:22 AM

**To:** Fiamma, Kathleen M.; robibtelemed@gmail.com

**Cc:** tmed\_rithy@online.com.kh

**Subject:** RE: Robib TM Clinic July 2008, Case#9, Seung Savorn, 48M (Sre Thom Village)

[Nurse Peng,](#)

Thank you so much for the consult.

He has a group of symptoms that are vague and could be from hypertension.  
Your measurement of his systolic at 140 mm mercury on amlodipine and the previous elevated value (?180) are consistent with hypertension.

I agree with an ACE inhibitor captopril (for hypertension) and rechecking blood pressure over time and educating the patient on lifestyle and low salt diet and exercise.  
Continue without cigarettes.

Thank you and good luck.

Paul

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**From:** Robib Telemed [mailto:robibtelemed@gmail.com]  
**Sent:** Wednesday, June 18, 2008 9:04 PM  
**To:** Kathy Fiamma; Joseph Kvedar; Kruey Lim; Paul J. M.D. Heinzelmann; Rithy Chau  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic July 2008, Case#10, Som Yoeun, 52F (Bakdoang Village)

Dear all,

This is case number 10, Som Yoeun, 52F and photos.

Best regards,  
Sovann

# Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village:** Som Yoeun, 52F (Bakdoang Village)

**Chief Complaint (CC):** Skin color change x 1y

**History of Present Illness (HPI):** 52F presented with skin color change starting from frontal area (edge of hair growth) then down to the forehead, nose area, temporal area, and submental area. She noticed that before the skin color change, she use hair coloring product to make her hair dark. She denied of itchy, skin color change in other area, any trauma to the area, insect bite. She didn't seek medical care or get any medicine for treatment, just come to us for consultation.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** No cig smoking, no alcohol drinking

**Current Medications:** None

**Allergies:** Cotrimoxazole

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 130/60 P: 65 R: 20 T: 37°C Wt: 64Kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM

**Skin:** color change in face and submental area, smooth skin, no hyperpigmented; other place skin color is normal

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal





gait

**Assessment:**

1. Hyperpigmented skin lesion

**Plan:**

1. Stop using hair coloring product

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 18, 2008**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Kvedar, Joseph Charles, M.D.

**Sent:** Wednesday, June 18, 2008 3:35 PM

**To:** Fiamma, Kathleen M.

**Subject:** Re: Robib TM Clinic July 2008, Case#10, Som Yoeun, 52F (Bakdoang Village)

It seems most likely that this represents post-inflammatory hyperpigmentation from a contact dermatitis to the hair coloring product that was used. It is extremely hard to resolve this sort of thing. I'd recommend meticulous use of sunscreen and 4% hydroquinone cream if available.

--

Joseph C. Kvedar, MD  
Director, Center for Connected Health  
Partners HealthCare System, Inc.  
Associate Professor of Dermatology  
Harvard Medical School

25 New Chardon Street  
Suite 400 D  
Boston, MA 02114

[www.connected-health.org](http://www.connected-health.org)

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**From:** Robib Telemed [mailto:[robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)]

**Sent:** Wednesday, June 18, 2008 9:09 PM

**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruey Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2008, Last case#11, Un Chhorn, 45M (Taing Treuk Village)

Dear all,

This is the last case for Robib TM Clinic for July 2008, case number 11, Un Chhorn, 45M and photo. Please reply to the cases before Thursday afternoon then I can make treatment plan accordingly. Thank you very much for your cooperation and support in this project.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

Rovieng Commune, Preah Vihear Province, Cambodia

### **History and Physical**



**Name/Age/Sex/Village:** Un Chhorn, 45M (Taing Treuk Village)

**Chief Complaint (CC):** Fatigue and polyuria x 1y

**History of Present Illness (HPI):** 45M presented with the symptoms of fatigue, diaphoresis, polyphagia, polydypsia, polyuria, frequency of urination, he seek care at provincial hospital. He was examined and treated with IVF and urine analysis shows glucose 4+, he was told of having hyperglycemia but he didn't get treatment for that. In these five months because of above persisting symptoms, he bought Diamicron from local private pharmacy taking 1t po qd without consultation. Now he feels better than before.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** Drinking alcohol casually, smoking 20cig/d stopped 2y

**Current Medications:** Diamicron 1t po qd

**Allergies:** NKDA

**Review of Systems (ROS):** No fever, no cough, no GI problem, no hematuria, no dysuria

**PE:**

**Vitals:** BP: 120/70 P: 74 R: 20 T: 37.5°C Wt: 65Kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM

**Extremity/Skin:** No edema, no rash, no food wound

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:**

Today on June 18, 2008

FBS: 160mg/dl; U/A normal

**Assessment:**

1. DMII

**Plan:**

1. Glibenclamide 5mg 1t po qd for one month
2. Educate on diabetic diet, foot care and do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, gluc, Tot Chole, TG and HbA1C at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: June 18, 2008**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]

**Sent:** Thursday, June 19, 2008 4:16 AM

**To:** Fiamma, Kathleen M.; robibtelemed@gmail.com

**Cc:** tmed\_rithy@online.com.kh

**Subject:** RE: Robib TM Clinic July 2008, Last case#11, Un Chhorn, 45M (Taing Treuk Village)

I appreciate this consult.

He has classic symptoms of hyperglycemia and has a random glucose of 160.  
I agree w/ glibenclamide and dietary/lifestyle information and follow up lab testing.

Paul

**From:** Robib Telemed [mailto:robibtelemed@gmail.com]  
**Sent:** Thursday, June 19, 2008 8:53 PM  
**To:** Kathy Fiamma  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau  
**Subject:** Robib TM Clinic for July 2008 Cases received

Dear Kathy,

I have received 6 cases from you. Below are the cases received:

Case#2, Chan Lum, 35F  
Case#5, Thorng Phorn, 36F  
Case#6, An Rattana, 3F  
Case#9, Seung Savorn, 48M  
Case#10, Som Yeun, 52F  
Case#11, Un Chhorn, 45M

But I have not received case number 1, 3, 4, 7, and 8 yet.

Thank you very much for the reply to the cases for Robib TM Clinic in this month.

Best regards,  
Sovann

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## Thursday, June 19, 2008

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### Follow-up Report for Robib TM Clinic

There were 11 new patients seen during this month Robib TM Clinic and the other 36 patients came for medication refills only, one missed appointment and other 60 patients seen by PA Rithy for minor problem. The data of all 11 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

**NOTE:** [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying own their own. Robib TM clinic **STILL** pays for transportation, accommodation, and other expenses for the patients visiting the clinic **IF** they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients, especially if they are from Thnout Malou Village. Some patients may be listed below if they came by for refills of medications.]

### Treatment Plan for Robib TM Clinic July 2008

### 1. Ros Chhea, 61M (Bakdoang Village)

#### Diagnosis:

1. Tongue tumor

#### Treatment:

1. Naproxen 375mg 1t po bid prn sever pain for one month (#50)
2. Paracetamol 500mg 2t po qid prn pain for one month (#80)
3. Refer patient to SHCH surgeon for surgical consultation

### 2. Chan Lum, 35F (Anlung Svay Village)

#### Diagnosis:

1. Flat wart
2. Anemia
3. Dyspepsia
4. Parasititis

#### Treatment:

1. Protect from sunlight
2. FeSO4/Vit C 500/105mg 1t po qd for one month (#50)
3. Omeprazole 20mg 1t po qhs for one month (#30)
4. Mebendazole 100mg 5t po qhs once (#5)
5. Draw blood for CBC, Lyte, BUN, Creat, gluc, Peripheral smear, Reticulocyte count, LFT at SHCH

#### Lab result on June 20, 2008

WBC	=3.9	[4 - 11x10 <sup>9</sup> /L]	Na	=140	[135 - 145]
RBC	=4.3	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.7	[3.5 - 5.0]
Hb	=5.5	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=24	[35 - 47%]	BUN	=0.8	[0.8 - 3.9]
MCV	=55	[80 - 100fl]	Creat	=82	[44 - 80]
MCH	=13	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=23	[30 - 37%]	SGOT	=27	[<31]
Plt	=221	[150 - 450x10 <sup>9</sup> /L]	SGPT	=14	[<32]
Lym	=1.4	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.7	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=1.8	[1.8 - 7.5x10 <sup>9</sup> /L]			

RBC morphology

Hypochromic 3+

Dacryocytes 1+

Anisocytosis 1+

Reticulocyte count =0.2 [0.5 - 1.5]

### 3. Ky Chheng Lean, 34F (Rovieng Cheung Village)

#### Diagnosis:

1. Hyperglycemia?
2. Allergic Rhinitis

#### Treatment:

1. Stop traditional medicine and observe for one month with diet and exercise
2. Certirizine 10mg1t po qd prn for one month (#20)
3. Draw blood for CBC, Lyte, BUN, Creat, gluc at SHCH

#### Lab result on June 20, 2008

WBC	=7.1	[4 - 11x10 <sup>9</sup> /L]	Na	=142	[135 - 145]
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RBC	=4.9	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.6	[3.5 - 5.0]
Hb	=13.8	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=1.2	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=81	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=10.0	[4.2 - 6.4]
MHCH	=35	[30 - 37%]			
Plt	=251	[150 - 450x10 <sup>9</sup> /L]			
Lym	=2.5	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.2	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=4.4	[1.8 - 7.5x10 <sup>9</sup> /L]			

#### 4. Srey Thort, 66M (Bos Village)

##### Diagnosis:

1. Osteoarthritis
2. Pneumonia
3. COPD?
4. PTB??

##### Treatment:

1. Smoking cessation
2. Clarithromycin 500mg 1t po bid for 10d (#20)
3. Naproxen 375mg 1t po bid prn severe pain for one month (#50)
4. Paracetamol 500g 1t po qid prn pain for one month (#50)
5. Do AFB smear in local health center
6. Send to Kg Thom for CXR
7. Draw blood for CBC, Lyte, BUN, Creat, gluc at SHCH

#### Lab result on June 20, 2008

WBC	=9.6	[4 - 11x10 <sup>9</sup> /L]	Na	=145	[135 - 145]
RBC	=5.0	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.8	[3.5 - 5.0]
Hb	=14.2	[14.0 - 16.0g/dL]	Cl	=106	[95 - 110]
Ht	=43	[42 - 52%]	BUN	=1.6	[0.8 - 3.9]
MCV	=87	[80 - 100fl]	Creat	=129	[53 - 97]
MCH	=29	[25 - 35pg]	Gluc	=6.0	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=332	[150 - 450x10 <sup>9</sup> /L]			
Lym	=3.8	[1.0 - 4.0x10 <sup>9</sup> /L]			

#### 5. Thorng Phorn, 36F (Bakdoang Village)

##### Diagnosis:

1. Peripheral neuropathy due to Vit deficiency?
2. Pott's Disease?
3. Pneumonia
4. PTB??

##### Treatment:

1. Vit B complex 10ml infusion with NSS qd for 3d (#15amp)
2. MTV 1t po qd for one month (#50)
3. Clarithromycin 500mg 1t po bid for 10d (#20)
4. Paracetamol 500mg 1t po qid prn pain/fever (#50)
5. Do AFB smear in local health center
6. Send to Kg Thom for CXR and Spine x-ray

#### 6. An Rattana, 3F (Rovieng Tpong Village)

##### Diagnosis:

1. Impetigo

**Treatment:**

1. Cephalexin 250mg 1t po tid for 7d (#21)
2. Mometasone cream apply bid until the rash gone (#2)

**7. Chea Kimheng, 34F (Taing Treuk Village)****Diagnosis:**

1. Ischemic Heart Disease?
2. VHD (MR/MI??)

**Treatment:**

1. ASA 300mg 1/4t po qd for one month (#15)
2. Atenolol 50mg 1/2t po qd for one month (#20)
3. Do CXR, and 2D echo of the heart at Phnom Penh
4. Draw blood for CBC, Lyte, BUN, Creat, gluc, Tot chole, TG at SHCH

**Lab result on June 20, 2008**

WBC	=8.5	[4 - 11x10 <sup>9</sup> /L]	Na	=140	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.9	[3.5 - 5.0]
Hb	=13.1	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=40	[35 - 47%]	BUN	=1.1	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=76	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=4.3	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.9	[<5.7]
Plt	=362	[150 - 450x10 <sup>9</sup> /L]	TG	=1.2	[<1.71]
Lym	=2.5	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.7	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=5.3	[1.8 - 7.5x10 <sup>9</sup> /L]			

**8. Kong Sun, 36M (Anlung Svay Village)****Diagnosis:**

1. VHD (Pulmonary stenosis??)
2. Atrial enlargement?

**Treatment:**

1. ASA 300mg 1/4t po qd for one month (#15)
2. Massage the legs every day
3. Use compressing sock and elevate the legs
4. Do CXR, and 2D echo of the heart and abdominal aorta ultrasound at Phnom Penh
5. Draw blood for CBC, Lyte, BUN, Creat, gluc at SHCH

**Lab result on June 20, 2008**

WBC	= <b>3.8</b>	[4 - 11x10 <sup>9</sup> /L]	Na	=145	[135 - 145]
RBC	=5.5	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.3	[3.5 - 5.0]
Hb	= <b>13.8</b>	[14.0 - 16.0g/dL]	Cl	=104	[95 - 110]
Ht	=43	[42 - 52%]	BUN	=1.1	[0.8 - 3.9]
MCV	= <b>78</b>	[80 - 100fl]	Creat	=98	[53 - 97]
MCH	=25	[25 - 35pg]	Gluc	=5.7	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=156	[150 - 450x10 <sup>9</sup> /L]			
Lym	=1.7	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.6	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	= <b>1.5</b>	[1.8 - 7.5x10 <sup>9</sup> /L]			
ESR	= <b>24</b>	[0 - 15]			

**9. Seung Savorn, 48M (Sre Thom Village)****Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for one month (#25)
2. Do regular exercise, eat low Na diet
3. Draw blood for CBC, Lyte, BUN, Creat, gluc, Tot chole, TG at SHCH

**Lab result on June 20, 2008**

WBC	=7.3	[4 - 11x10 <sup>9</sup> /L]	Na	=142	[135 - 145]
RBC	=4.6	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.1	[3.5 - 5.0]
Hb	=14.3	[14.0 - 16.0g/dL]	Cl	=105	[95 - 110]
Ht	=40	[42 - 52%]	BUN	=1.9	[0.8 - 3.9]
MCV	=89	[80 - 100fl]	Creat	=100	[53 - 97]
MCH	=31	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=36	[30 - 37%]	T. Chol	=5.6	[<5.7]
Plt	=246	[150 - 450x10 <sup>9</sup> /L]	TG	=6.0	[<1.71]
Lym	=2.2	[1.0 - 4.0x10 <sup>9</sup> /L]			

**10. Som Yoeun, 52F (Bakdoang Village)****Diagnosis:**

1. Hyperpigmented skin lesion

**Treatment:**

1. Stop using hair coloring product

**11. Un Chhorn, 45M (Taing Treuk Village)****Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po qd for one month (#50)
2. Educate on diabetic diet, foot care and do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, gluc, Tot Chole, TG and HbA1C at SHCH

**Lab result on June 20, 2008**

WBC	=7.4	[4 - 11x10 <sup>9</sup> /L]	Na	=144	[135 - 145]
RBC	=7.0	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.9	[3.5 - 5.0]
Hb	=15.3	[14.0 - 16.0g/dL]	Cl	=106	[95 - 110]
Ht	=52	[42 - 52%]	BUN	=1.7	[0.8 - 3.9]
MCV	=75	[80 - 100fl]	Creat	=106	[53 - 97]
MCH	=22	[25 - 35pg]	Gluc	=5.8	[4.2 - 6.4]
MHCH	=29	[30 - 37%]	HbA1C	=6.3	[4 - 6]
Plt	=160	[150 - 450x10 <sup>9</sup> /L]			
Lym	=2.4	[1.0 - 4.0x10 <sup>9</sup> /L]			

**Patients who came for follow up and refill medication****1. Em Thavy, 36F (Thnal Keng Village)****Diagnosis:**

1. Diffuse Goiter
2. Hyperthyroidism
3. Tachycardia

**Treatment:**

1. Carbimazole 5mg 2t po tid for one month (#300)
2. Propranolol 40mg 1/4t po bid for one month (#25)

**2. Leang Chenda, 35F (Thnout Malou Village)****Diagnosis:**



1. Thyroid cyst?

**Treatment:**

1. Follow up prn

**3. Khi Ngorn, 63M (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1t po qd for one month (#45)
2. Do regular exercise

**4. Nhem Tourn, 53F (Anlung Svay Village)**

**Diagnosis:**

1. Uterine fibroma
2. NILM, Pap II

**Treatment:**

1. Follow up in one year for PAP Smear

**5. Yem Channy, 30F (Taing Treuk Village)**

**Diagnosis:**

1. Psoriasis
2. Dyspepsia

**Treatment:**

1. Prednisolone 5mg 4t po qd for one month (#120)
2. Famotidine 10mg 2t po qhs for one month (#60)
3. Metochlopramide 10mg 1t po qhs x 15d (#15)
4. Diphenhydramin 4mg 1t po qhs for one month (#30)
5. Use Aqueous Cream for moisturizing skin

**6. Nhem Sok Lim, 59F (Thnout Malou Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po qd for one month (#30)
2. Metformin 500mg 1t po qhs for one month (#50)
3. Captopril 25mg 1/4t po bid for one month (#10)
4. Review on Diabetic diet, do regular exercise and foot care

**7. Chan Him, 60F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg 1/4t po qd for three months (# 23)

**8. Chan Oeung, 57M (Sangke Roang Village)**

**Diagnosis:**

1. HTN
2. Arthritis

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Naproxen 375mg 1t po bid prn severe pain for three months (# 70)
3. Paracetamol 500mg 1t po qid prn pain for three months (# 70)

**9. Chourb Kimsan, 54M (Rovieng Tbong Village)**

**Diagnosis:**

1. HTN
2. Right Side stroke with left side weakness

**Treatment:**

1. Atenolol 50mg ½t po bid for three months (# 90)
2. Captopril 25mg 1t po qd for three months (#90)
3. ASA 300mg 1/2t po qd for three months (# 45)

**10. Chhim Paov, 50M (Boeung Village)**

**Diagnosis:**

1. GOUT
2. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Naproxen 375 mg 1t po bid for three months (#70)
3. Paracetamol 500mg 1t po qid prn pain for three months (#70)

**11. Chhin Chheut, 13M (Trapang Reusey Village)**

**Diagnosis:**

1. Bilateral Lower extremity muscle weakness
2. Cachexia
3. Nephrotic Syndrome

**Treatment:**

1. Prednisolone 5mg 2t po qd for one month (#60)
2. Captopril 25mg 1/4t po qd for one month (#10)
3. MTV 1t po bid for one month (#60)

**12. Dourng Sunly, 50M (Taing Treurk Village)**

**Diagnosis:**

1. HTN
2. Gout
3. Hyperlipidemia

**Treatment:**

1. Captopril 25mg 1/2t po bid for three months (# 90)
2. ASA 300mg 1/4t po qd for three months (# 25)
3. Naproxen 375mg 1t po bid prn severe pain for three months (# 70)
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for three months (# 70)

**13. Kaov Soeur, 63F (Sangke Roang Village)**

**Diagnosis:**

1. HTN
2. Arthritis

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Paracetamol 500mg 1t po qid prn pain for three months (# 70)

**14. Kong Nareun, 31F (Taing Treuk Village)**

**Diagnosis:**

1. VHD (MS/MR?)
2. PVC
3. Dyspepsia

**Treatment:**

1. Atenolol 50mg 1/2t po bid for two months (# 60)

2. Furosemide 40mg 1/2t po bid for two months (# 60)
3. ASA 300mg 1/4t po qd for two months (# 15)
4. Famotidine 10mg 2t po qhs for one month (#60)

**15. Lang Da, 45F (Thnout Malou Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 12.5mg 2t po qd for four months (#240)

**16. Lay Lai, 28F (Taing Treuk Village)**

**Diagnosis:**

1. Post partum cardiomegaly?

**Treatment:**

1. Propranolol 40mg 1/2t po bid for two months (# 60)

**17. Leng Hak, 70M (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. Stroke
3. Muscle Tension
4. CHF??

**Treatment:**

1. Nifedipine 10mg 1/2t po q8h for three months (# 140)
2. Atenolol 50mg 1t po q12h for three months (# 180)
3. HCTZ 50mg 1/2t po qd for three months (# 45)
4. ASA 300mg 1/4t po qd for three months (# 25)
5. MTV 1t po qd for three months (# 90)
6. Paracetamol 500mg 1t po qid prn for three months (# 100)

**18. Meas Lone, 58F (Ta Tong)**

**Diagnosis**

1. COPD

**Treatment**

1. Salbutamol Inhaler 2 puff prn SOB for four months (#4vial)

**19. Meas Thoch, 78F (Ta Tong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po bid for four months (#120)
2. HCTZ 12.5mg 2t po qd for four months (#240)

**20. Moeung Srey, 42F (Thnout Malou Village)**

**Diagnosis**

1. HTN

**Treatment**

1. Captopril 25mg 1t po bid for four months (# 240)

**21. Neth Ratt, 37M (Otalauk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (# 120)

2. Metformin 500mg 2t po qhs for one month (#60)
3. MTV 1t po qd for one month (# 30)
4. FeSO4/Vit C 120/500mg 1t po qd for one month (# 30)

**22. Pang Sidoeun, 31F (Rovieng Tbong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 12.5mg 1/2t po qd for two months (#120)

**23. Phim Sichin, 35F (Taing Treuk Village)**

**Diagnosis:**

1. DMII
2. LVH
3. Cardiomegaly
4. TR/MS
5. Thalassemia
6. Cachexia

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 2t po bid for one month (#150)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. ASA 300mg 1/4t po qd for one month (#10)
5. MTV 1t po bid for one month (#60)
6. Review on diabetic diet and foot care, regular exercise

**24. Po Our, 80F (Thnout Malou Village)**

**Diagnosis:**

1. Eczema (Atopic dermatitis)

**Treatment:**

1. Mometasone Furoate lotion 0.1% apply bid until the rash gone (# 1)

**25. Prum Moeun, 56M (Bakdoang Village)**

**Diagnosis:**

1. HTN
2. PVC
3. Atrial Fibrillation?

**Treatment:**

1. Atenolol 50mg 1/2t po bid for two months (# 60)
2. ASA 300mg 1/4t po qd for two months (# 15)

**26. Prum Norn, 56F (Thnout Malou Village)**

**Diagnosis:**

1. Liver cirrhosis with PHTN
2. HTN
3. Hypochromic Microcytic Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure

**Treatment:**

1. Spironolactone 25mg 1t po qd for one month (#30)
2. FeSO4/Vit C 500/105mg 1t po bid for one month (#60)
3. Folic acid 5mg 1t po qd for one month (#30)
4. MTV 1t po qd for one month (#30)

**27. Prum Sourn, 65M (Taing Treuk Village)**

**Diagnosis:**

1. CHF with EF 27%
2. LVH
3. VHD (MI, AI)
4. Renal Impairment

**Treatment:**

1. Captopril 25mg 1/4t po bid (#20)
2. Furosemide 40mg 1t po qd (#40)
3. ASA 300mg 1/4t po qd (#10)

**28. Rim Sopheap, 32F (Doang Village)****Diagnosis:**

1. Dilated Cardiomyopathy with EF 32% with increase RHD

**Treatment:**

1. Captopril 25mg 1/4t po bid for two months (#30)
2. ASA 300mg 1/4t po qd for two months (#15)

**29. Ros Oeun, 50F (Thnout Malou Village)****Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Glibenclamide 5mg 11/2t po bid for two months (# 180)
2. Metformin 500mg 2t po bid for two months (# 240)
3. Captopril 25mg 1/2t po bid for two months (# 30)
4. ASA 300mg 1/4t po qd for two months (# 15)

**30. Ros Yeth, 55M (Thnout Malou Village)****Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po qd for one month (# 30)
2. Captopril 25mg 1/4t po qd for one month (#8)

**31. Sath Rim, 51F (Taing Treuk Village)****Diagnosis:**

1. HTN
2. DMII with PNP
3. Renal Failure
4. Anemia

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Atenolol 50mg 1t po bid for one month (# 60)
3. Nifedipine 10mg 1t po bid for one month (# 60)
4. Amitriptylin 25mg 1t po qhs for one month (# 30)
5. FeSO4/Vit C 500/105mg 1t po qd for one month (# 30)
6. Folic Acid 5mg 1t po qd for one month (#30)
7. ASA 300mg 1/4t po qd for one month (#10)

**32. So Sok San, 24F (Thnal Keng Village)****Diagnosis:**

1. Nephrotic Syndrome
2. Anemia

**Treatment:**

1. Prednisolone 5mg 6t po qd for one month (#200)
2. Captopril 25mg 1/4t po bid for one month (#15)
3. MTV 1t po qd for one month (#30)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)

**33. Tey Yoeum, 28F (Doang Village)**

**Diagnosis:**

1. DMII
2. UTI

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po qd for one month (#10)

**34. Thorng Khourn, 70F (Bak Dong Village)**

**Diagnosis:**

1. Liver Cirrhosis
2. Hepatitis C
3. Hypochromic Microcytic Anemia
4. Euthyroid Goiter (Nodular)

**Treatment:**

1. Spironolactone 25mg 1t po bid for two months (# 120)
2. FeSO4/Vit C 500/105mg 1t po qd for two months (# 60)
3. MTV 1t po bid for two months (# 60)

**35. Vong Cheng Chan, 52F (Rovieng Cheung)**

**Diagnosis**

1. HTN

**Treatment**

1. Atenolol 50mg 1/2t po q12h for three months (#90)

**36. Vong Yan, 72F (Boeung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1t po qd for three months (#90)

**Patients who missed appointment**

**1. Pov Heng, 73F (Rovieng Tbong Village)**

**Diagnosis:**

1. HTN

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**The next Robib TM Clinic will be held on  
August 04-08, 2008**

